


Entered - 04/02/01 - sb  
CL01L0205 - DIANNE C. MITCHELL

CLAIM OF: **DONALD M. PEEL, JR.**  
**2641 Acorn Avenue**  
**Atlanta, Georgia 30305**

01-R-0807

For damages alleged to have been sustained as a result of property damage due to a fallen tree on September 28, 2000 at 2641 Acorn Avenue.

THIS ADVERSED REPORT IS APPROVED

BY:   
**ROSALIND RUBENS NEWELL**  
**DEPUTY CITY ATTORNEY**

## DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0205

Date: May 8, 2001

Claimant /Victim DONALD M. PEEL, JR.

BY: (Atty.) (Ins. Co.) \_\_\_\_\_

Address: 2641 Acorn Avenue, Atlanta, Georgia 30305

Subrogation: \_\_\_\_\_ Claim for Property damage \$ 1,600.00 Bodily Injury \$ \_\_\_\_\_

Date of Notice: 03/12/01 Method: Written, proper X Improper \_\_\_\_\_

Conforms to Notice: O.C.G.A. §36-33-5 \_\_\_\_\_ X Ante Litem (6 Mo.) X

Date of Occurrence 09/28/00 Place: 2641 Acorn Avenue

Department PRCA Division: Parks

Employee involved \_\_\_\_\_ Disciplinary Action: \_\_\_\_\_

NATURE OF CLAIM: The claimant alleges his property was damaged when a tree from a City park fell onto his fence and two of his trees causing damages in the above amount. The investigation determined that the City had no notice of any problems with the tree in questions prior to it falling. The City is immune from liability as set forth in O.C.G.A. §36-33-1.

### INVESTIGATION:

Statements: City employee \_\_\_\_\_ Claimant \_\_\_\_\_ Others \_\_\_\_\_ Written \_\_\_\_\_ Oral \_\_\_\_\_

Pictures \_\_\_\_\_ Diagrams \_\_\_\_\_ Reports: Police \_\_\_\_\_ Dept Report X Other \_\_\_\_\_

Traffic citations issued: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_

Citation disposition: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_

### BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial \_\_\_\_\_

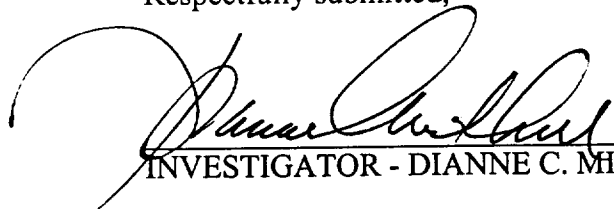
Improper Notice \_\_\_\_\_ More than Six Months \_\_\_\_\_ Other X Damages reasonable \_\_\_\_\_

City not involved \_\_\_\_\_ Offer rejected \_\_\_\_\_ Compromise settlement \_\_\_\_\_

Repair/replacement by Ins. Co. \_\_\_\_\_ Repair/replacement by City Forces \_\_\_\_\_

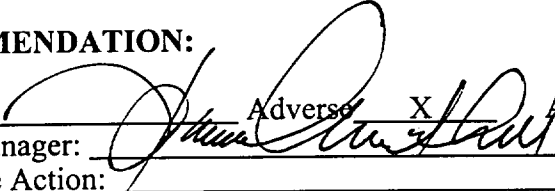
Claimant Negligent \_\_\_\_\_ City Negligent \_\_\_\_\_ Joint \_\_\_\_\_ Claim Abandoned \_\_\_\_\_

Respectfully submitted,

  
INVESTIGATOR - DIANNE C. MITCHELL

### RECOMMENDATION:

Pay \$ \_\_\_\_\_ Adverse X Account charged: 1A01 \_\_\_\_\_ 2J01 \_\_\_\_\_ 2H01 \_\_\_\_\_

Claims Manager:  Concur/date 05-16-01

Committee Action: \_\_\_\_\_ Council Action \_\_\_\_\_

COUNCIL OF THE CITY OF ATLANTA  
MUNICIPAL CLERK  
City Hall  
55 Trinity Avenue, S.W.  
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 1-24-01

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 1600.00 property and/or \$ 0 bodily injury for which I contend the City is liable.

1. Date of incident: 9/00 2. Time of Incident: 12:00 am 3. Police called: Yes ☒ No

4. Location of incident (including street address): 21041 Acorn Ave

5. Name of your insurance company: Travelers Insurance Policy No. 9633270024531

6. State what and how incident occurred: A storm knocked down a city owned tree (in Alexander Park). The tree knocked down & damaged fence on my property line and damaged two trees on my property. City came & removed tree already.

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: (Make) (Year) (Tag Number) (Driver's Name)

City vehicle: (Make) (City Driver's Name) (Department/Bureau)

9. Witness: Brian B. Hougham Acorn Avenue 404-233-3430  
(Name) (Address) (Telephone Number)

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Donald M. Peel, Jr.  
Signature of Claimant

01- R-0807

Donald M. Peel, Jr.  
(Print Claimant's Name)

21041 Acorn Ave  
(Address)

Atlanta, Ga 30305  
(City, State and Zip Code)

N/A 404-226-0011  
(Work Number) (Home Number)